

- Identify and evaluate where resources can be realigned to meet program goals—that is, a designated percentage of persons whose hypertension is under control.

- Promote and monitor individual patient response to medical advice and improvement in blood pressure.

While implementing tracking systems is difficult, we hope that doing so will help to improve blood pressure control among persons with hypertension. Thus, using the unex-

pected results of our hypertension research has led us to a significant program redirection.

REFERENCES

1. Finnerty FA Jr, Shaw LW, Himmelsbach CK: Hypertension in the inner city—II. Detection and follow-up. *Circulation* 1973 Jan; 47:76-78
2. Haynes RB, Mattson ME, Garrity TF, et al: Management of compliance in the treatment of hypertension: Report of the NHLBI working group. *Hypertension* 1982; 4:415-423
3. National High Blood Pressure Education Program: Patient Tracking for High Blood Pressure Control. National Institutes of Health publication No. 81-2204. US Dept of Health and Human Services, 1981

Medical Practice Question

EDITOR'S NOTE: *From time to time medical practice questions from organizations with a legitimate interest in the information are referred to the Scientific Board by the Quality Care Review Commission of the California Medical Association. The opinions offered are based on training, experience and literature reviewed by specialists. These opinions are, however, informational only and should not be interpreted as directives, instructions or policy statements.*

Indications for Tonsillectomy

QUESTION:

What are the current indications for tonsillectomy?

OPINION:

Acknowledging that the need for tonsillectomy remains the subject of lively debate among physicians, it is the opinion of the Scientific Advisory Panels on General and Family Practice, Otolaryngology/Head and Neck Surgery and Pediatrics that tonsillectomy is justified for selected patients when one of the following indications is present:

- Recurrent tonsillitis documented by culture, elevated leukocyte count or fever. Three or more episodes a year for two successive years is the generally accepted norm.
- Persistent bilateral hypertrophy of the tonsils, with obstruction of the upper airway, causing mouth breathing, habitual snoring, dysphagia and, secondarily, sleep apnea syndrome or cardiovascular complications.
- Cancer of the tonsil.
- Peritonsillar abscess.
- Chronic tonsillitis in adults due to concretions and infections in the tonsillar crypts.

A list of indications will not always fit each individual patient's situation. Justification for tonsillectomy ultimately depends upon a thorough patient history and physical examination and the indications above must be weighed against such factors as the patient's age, number of infections, associated symptoms at the time of infection and the need for therapy to eliminate the acute problem.